

Balance Inspection Form

Balance: _____
 Serial #: _____
 EZ #: _____

NEMS: _____
 Inventory: _____
 Cal Date: _____
 Pin #: _____

Date Inspected: _____
 Inspected by: _____
 Test Name: _____
 Test Number: _____

Cable Length: _____ (feet) Shielded: Yes No

Preliminary Mechanical Inspection:

	None	Identified
Burrs:	<input type="checkbox"/>	<input type="checkbox"/>
Dents:	<input type="checkbox"/>	<input type="checkbox"/>
Abrasions:	<input type="checkbox"/>	<input type="checkbox"/>
Broken Flexures:	<input type="checkbox"/>	<input type="checkbox"/>
Loose/Missing Parts:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Taper Pin Inspection:

	Good	Repaired
N1 (NF)	<input type="checkbox"/>	<input type="checkbox"/>
N2 (PM)	<input type="checkbox"/>	<input type="checkbox"/>
S1 (YM)	<input type="checkbox"/>	<input type="checkbox"/>
S2 (RM)	<input type="checkbox"/>	<input type="checkbox"/>
AX	<input type="checkbox"/>	<input type="checkbox"/>
RM	<input type="checkbox"/>	<input type="checkbox"/>

Shunt Resistor:

Gage	Value
N1 (NF):	_____
N2 (PM):	_____
S1 (YM):	_____
S2 (RM):	_____
AX:	_____
RM:	_____

Wiring Color Code: (standard color code)

	+EXC	-EXC	+SIG	-SIG	+Sense	-Sense
N1 (NF):	_____ (red)	_____ (blk)	_____ (grn)	_____ (blu)	_____	_____
N2 (PM):	_____ (red)	_____ (blk)	_____ (grn)	_____ (wht)	_____	_____
S1 (YM):	_____ (red)	_____ (blk)	_____ (grn)	_____ (gry)	_____	_____
S2 (RM):	_____ (red)	_____ (blk)	_____ (grn)	_____ (yel)	_____	_____
AX:	_____ (red)	_____ (blk)	_____ (grn)	_____ (vio)	_____	_____
RM:	_____ (red)	_____ (blk)	_____ (grn)	_____ (ora)	_____	_____

Resistance Check: DVM Model: _____, Serial or NEMS: _____, Cal Date: _____

	N1 (NF)	N2 (PM)	S1 (YM)	S2 (RM)	AX	RM
+Exc & -Exc:	_____	_____	_____	_____	_____	_____
+Sig & -Sig:	_____	_____	_____	_____	_____	_____
+Exc & +Sig:	_____	_____	_____	_____	_____	_____
+Exc & -Sig:	_____	_____	_____	_____	_____	_____
-Exc & +Sig:	_____	_____	_____	_____	_____	_____
-Exc & -Sig:	_____	_____	_____	_____	_____	_____
Sense & -Sense:	_____	_____	_____	_____	_____	_____
+Exc & +Sense:	_____	_____	_____	_____	_____	_____
+Exc & -Sense:	_____	_____	_____	_____	_____	_____
-Exc & +Sense:	_____	_____	_____	_____	_____	_____
-Exc & -Sense:	_____	_____	_____	_____	_____	_____
+Exc & Case:	_____	_____	_____	_____	_____	_____
+Exc to others:	_____	_____	_____	_____	_____	_____

Temperature Sensor(s) Inspection:

	Good	Bad	Repaired
Thermocouple (Type):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermistor (value):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RTD (value):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shunt Values: N1 (NF) N2 (PM) S1 (YM) S2 (RM) AX RM

Shunt Applied:	_____	_____	_____	_____	_____	_____
No Load:	_____	_____	_____	_____	_____	_____
Delta Shunt:	_____	_____	_____	_____	_____	_____

Comments: